



Rod R. Blagojevich, Governor
Barry S. Maram, Director

Illinois Department of Public Aid

201 South Grand Avenue East
Springfield, Illinois 62763-0001

Telephone: (217) 782-5565
TTY: (800) 526-5812

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INFORMATIONAL NOTICE

TO: Participating Community Mental Health Providers and Hospitals

RE: Screening, Assessment and Support Services (SASS) Program Update

On July 1, 2004, the Department of Public Aid (DPA), in conjunction with the Department of Human Services (DHS) and the Department of Children and Family Services (DCFS), implemented the Screening, Assessment and Support Services (SASS) program statewide. Information on the SASS program can be found on the Children's Mental Health web site at www.dpainllinois.com/cmh/

Since the July 1st implementation, inquiries have been received on several aspects of the program. The purpose of this notice is to provide clarification on some SASS program requirements.

General Program Clarifications

Target Populations

There are three target populations for the SASS program: (1) all children and adolescents for whom DCFS is legally responsible regardless of age; (2) children and adolescents under the age of 21 enrolled in DPA's Medical Programs, including KidCare, and (3) children under the age of 18 seeking public funding for psychiatric services through DHS.

Notice of Temporary Eligibility

Children under the age of 18 seeking public funding for psychiatric services through DHS are the only children for whom SASS providers will receive the Notice of Temporary Eligibility. The Notice of Temporary Eligibility is used to identify the child's eligibility for services through the SASS program. The notices are generated by the Crisis and Referral Entry Service (CARES) and are faxed to the SASS provider within 24 hours of the initial referral for a screening and assessment being made. SASS providers should give the Notice of Temporary Eligibility to the child's parent or guardian as soon as possible.

Coverage for children with temporary eligibility is limited to inpatient hospitalization, 59 Illinois Administrative Code 132 (Rule 132) services, transportation to and from Rule 132 services and certain classes of pharmaceuticals. A listing of pharmaceuticals covered is posted on DPA's Web site at the following link: <http://www.dpainllinois.com/cmh/>. These children are not eligible for outpatient hospital Clinic A or Clinic B services.

E-mail: dpawebmaster@idpa.state.il.us

Internet: <http://www.dpainllinois.com/>

SASS/Community Mental Health Provider Clarifications

SASS Emergency vs. Non-emergency Response

As we move through implementation of the SASS program, it has become clear that SASS providers will be handling non-emergency referrals, as well as emergency referrals. Emergency referrals from CARES will involve a child in crisis who is at risk of hospitalization. The SASS provider must arrive at the site where the crisis is occurring within 90 minutes of receiving the emergency referral from CARES.

For non-emergency referrals received from CARES, the SASS provider has up to 24 hours to respond. Non-emergency referrals are:

- Child & Adolescent Treatment Unit cases,
- Forensic cases,
- Transfers from Local Area Network (LAN) to LAN and there is no crisis,
- Hospitalized children who are private pay or have insurance, but become eligible for SASS as under insured and,
- Children, who due to an imminent medical condition or severe risk of self-harm, were admitted prior to the hospital calling CARES. When a non-emergency referral is received on a child who is still hospitalized, the SASS provider should respond prior to the child being discharged from the hospital.

The departments will consider adding to the list of non-emergency situations as additional, appropriate examples are identified.

SASS Fee-for-Service Billing

As a result of amendments to Rule 132 effective August 1, 2004, community mental health providers (CMHPs) are required to provide services in accordance with the new service definitions identified in the amendments. As a result of the Rule 132 training held throughout the State during July and August, the Departments of Human Services, Children and Family Services, Corrections and Public Aid have prepared an updated service definition and activity crosswalk for dates of service August 1, 2004 and after. The DHS and DCFS billing codes were updated, specialized substitute care was added as an applicable population for some of the services and videoconferences were added to modes of delivery, as applicable. There were no changes made to the HCPC codes, the modifiers or the rates. The updated crosswalk, which has a revision date of September of 2004, as well as the crosswalk in place for the month of July, can be found on the Department of Public Aid's Web site at <<http://www.dpailinois.com/cmh/>>.

Rule 132 governs the provision of Medicaid community mental health services. These services must be provided and billed by a CMHP that has been certified through a State agency that has been authorized by DPA to do so. A physician employed by a CMHP may perform any Rule 132 service except psychological evaluations, which must be provided by a licensed clinical psychologist. Rule 132 services cannot be billed directly by a physician. **All community mental health (Rule 132) services rendered to a child during their SASS eligibility period must be billed directly to DPA by the authorized CMHP.**

Services not defined in Rule 132 that are delivered by a physician licensed to practice medicine in all its branches cannot be billed by the CMHP. The physician rendering the service must bill DPA for these services. **Children with temporary SASS eligibility would not be eligible to receive physician services that are directly billed to DPA.**

Hospital Specific Clarifications

Adolescents Ages 18 through 20 Without Private or State-funded Insurance

Hospitals are not required to call CARES for adolescents age 18 through 20, who do not have private or state-funded health insurance. As currently the practice, hospitals should assist these adolescents in applying for Medical Assistance. If the adolescent is later determined eligible for Medicaid, the hospital may submit a claim to the department for payment consideration.

Utilization Review

To assist hospitals with the transition to mandatory concurrent review, DPA has extended the effective date to November 1, 2004. Hospitals are encouraged to make the change to concurrent review as soon as possible. During the 2-month extension, hospitals will continue to choose either concurrent review or prepayment review for the SASS admissions.

Beginning with admissions occurring on September 1, 2004 and after, hospitals must comply with the CARES and SASS requirements. The hospital requirements under the SASS program are identified in the June 25, 2004, informational notice issued by the department. This notice can be found on DPA's Web site at: <<http://www.dpaininois.com/hospitals/>>

Questions should be directed to the following areas:

- General questions on the SASS program, can be directed electronically to SASS@idpa.state.il.us or you may call 217-524-7110.
- For questions regarding hospital utilization review, please contact HSI's help desk at 1-800-418-4045.
- For questions about billing, please contact the Department of Public Aid, Bureau of Comprehensive Health Services, at 217-782-5565. Upon reaching the automated directory, dial 0 and advise the operator that you are calling in regard to a SASS billing question. In addition, hospitals may call their Medical Assistance Consultant if a SASS provider's inaction prohibits HSI from conducting a concurrent review.

Anne Marie Murphy, Ph.D.
Administrator
Division of Medical Programs